

Exhibit A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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HABEEB AHMAD,

Plaintiff,

Civil Case No: 1:22-cv-01248

-against-

NYU LANGONE HEALTH SYSTEM, NYU
GROSSMAN SCHOOL OF MEDICINE, SCOTT
MELLYNCHUK and DOUG LAZZARO

Defendants.
-----X

Plaintiff, HABEEB AHMAD, by his attorneys, DEREK SMITH LAW GROUP, PLLC hereby respectfully submit, pursuant to Federal Rule of Civil Procedure 26(a)(2)(A), that at the time of trial of this action, Plaintiff expect to call as an expert witness, Gladys Frankel, Ph.D. as a person who may be called upon at trial to present testimony and evidence under Federal Rules of Evidence 702, 703, or 705. Annexed hereto is the Expert Reports of Gladys Frankel, Ph.D., who can be contacted at: 115 E. 82nd Street, Suite 1A, New York, New York 10128.

Plaintiff reserves the right to supplement/amend this response as more information becomes available and as may be appropriate and necessary.

Date: New York, New York
December 18, 2023

DEREK SMITH LAW GROUP, PLLC

By:

/s/ Daniel Altaras

Daniel Altaras, Esq.

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AFFIDAVIT OF
PSYCHOLOGIST

IN THE MATTER OF:

Supreme Court of the State of New York
County of New York

Dr. Habeeb Ahmad

Case 1: 22-cv-01248

DATES OF INTERVIEW: June 28, 2022; June 30, 2022

DATE OF REPORT: July 26, 2022

I, Gladys Frankel, PhD, hereby swear and affirm the following:

1. I am a licensed Psychologist in private practice in the State of New York. My New York State license number is 008091.
2. I earned the following academic degrees:

PhD. In Clinical Psychology
1981 Columbia University, New York City
National Institute of Mental Health Fellowship

B.A. in Clinical Psychology
1972 Pitzer College, Claremont, California
3. I was a Clinical Psychology Intern at New York University Medical Center, New York City, 1975- 1976.
4. I was a Clinical Psychology Fellow at New York Hospital, Westchester Division, 1977 – 1978.
5. I was a Staff Psychologist at the Franklin Delano Roosevelt Veterans' Administration Hospital, Montrose, New York, 1988 – 1999, director of an in-patient unit and co-director of a PTSD unit.
6. I was an Attending Psychologist, New York Presbyterian Hospital, Westchester Division, 2001 -2011.
7. I was an Assistant Professor of Psychology in Psychiatry, Faculty, Weill Cornell College of Medicine, 2001 – 2011.
8. I was a Clinical Psychologist at Hanover Psychiatry, Hanover, New Hampshire, 2011 - 2017, a clinic of Dartmouth-Hitchcock Medical Center.
9. I was an Assistant Professor of Psychology, Geisel School of Medicine at Dartmouth, Hanover, New Hampshire, 2011-2017.

10. I was a Clinical Psychologist, Expert for Compensation and Pension Examinations, Expert for PTSD and Military sexual trauma, United States Department of Veterans' Affairs, White River Junction, Vermont, 2013 -2017.
11. I have been involved in the preparation of reports for various court cases, including being retained by a regional court, by private attorneys and a case for The Hague Court.
12. After a national search, I was retained as a consultant for a government agency's defense legal team.
13. From 2017 – presently I am conducting clinical evaluations, assessments and treatment in private practice in New York City.
14. On April 19, 2022, I interviewed Dr. Habeeb Ahmad in connection with his litigation against New York University Langone Heath System, Grossman School of Medicine, Scott Mellynchuk, and Douglas Lazzaro, hereafter referred to as Defendants. Daniel Altaras, Esq., of the Derek Smith Law Group, referred him. The information is based on clinical interview of Dr. Ahmad and test results.
15. When Dr. Ahmad presented for the interview, his identification was checked and he presented his New York driver's license.
16. During the interview, Dr. Ahmad was informed of the limits of confidentiality and advised that the usual doctor/patient privilege would not be in effect. It was explained to him that anything he discussed with the examiner would be relayed to his attorney, the opposing attorney and the Court, in the form of a written report summarizing the evaluation results. Dr. Ahmad indicated he understood and agreed to participate in the evaluation.
17. The interview was conducted via videoconference as necessitated by the Corona Virus guidelines. The videoconference facilitated an interview that was similar to an in-person interview.
18. The purpose of the interview was to assess whether Dr. Ahmad suffered emotional consequences from the defendants' unlawful behaviors.

Psychological Evaluation of Dr. Habeeb Ahmad

19. Dr. Ahmad presented as a cooperative male. His speech was clear, with appropriate volume and answered questions directly.
20. Dr. Ahmad was asked the date which took him some time and said the twentieth. It was the nineteenth.
21. Dr. Ahmad knew the season. He was oriented to time, place and person. His facial expressions, and gestures were congruent with his speech content. There were no psychotic thought processes, hallucinations or delusions during this evaluation.

22. Dr. Ahmad was asked to do serial 7's, a process of starting at 100 and serially subtracting 7. His answers were: "93, 86, 79, 72, 65."
23. Dr. Ahmad was asked, "What does this mean, people who live in glass houses shouldn't throw stones?" Dr. Ahmad responded, "That's a metaphor for not giving, don't do something that can harm you. Don't take pot shots at other people when you may have your own faults. It has a lot of meanings."
24. Dr. Ahmad was asked, "If you found an envelope on the street that was addressed and stamped, what would you do?" Dr. Ahmad responded, "If it has a post mark, I'd put it in a mailbox and if there wasn't one nearby I'd take it to a post-office."

Background

25. Dr. Ahmad reported he was born in Ann Arbor, Michigan. He lived with his intact family. "My Mom and Dad are my heroes." He is the youngest of four children.
26. Dr. Ahmad reported he attended high school, graduated and pursued an education at Sophie Davis College for his medical degree and then matched at State University of New York, Downstate.
27. Dr. Ahmad completed an internal medicine residency at Northwell Manhasset.
28. Dr. Ahmad completed an ophthalmology residency at SUNY Downstate where he was the Chief Resident.
29. Dr. Ahmad completed a Fellowship in Ophthalmology at University of Southern California.
30. Dr. Ahmad reported he lives with his wife and three children.
31. Dr. Ahmad reported he was employed prior to his employment with NYU Langone Medical Center.
32. Dr. Ahmad reported he did not have a history of alcohol abuse. He never drank in respect of his religion.
33. Dr. Ahmad reported he did not have a history of drug abuse.
34. Dr. Ahmad reported he did not have any experiences of physical and mental trauma prior to his experiences with NYU.
35. Dr. Ahmad denied any underlying medical conditions that would negatively impact his mood or memory.

History of Psychiatric Treatment:

36. Dr. Ahmad denied a history of any psychological treatment prior to his coma experiences.
37. Dr. Ahmad reported he has not been prescribed any medications for mood.
38. Dr. Ahmad reported that he was referred to psychological treatment following his coma, a standard practice for coma patients.
39. Dr. Ahmad reported he was in the Intensive Care Unit for fifty-four days at Northwell, March 18, 2020, through June 2020. He reported he, 'went in with a healthy, physical body, and suffered blood clots, heart attacks, was emaciated, so he was referred to a therapist for the amount of trauma he experienced from the coma.'
40. Dr. Ahmad reported that after the coma, and being stabilized, he was transferred to Rusk where he was treated by an assigned therapist, a neuropsychologist for three months, June through August 10, 2020.
41. Dr. Ahmad reported he continued with out-patient treatment for a few sessions, then he was advised not to see a NYU employee and transferred to another therapist, Dr. Catherine C. Masterson. He has continued to see her. Initially two times a week, then increased to three times a week in response to the severity of his depression and trauma.
42. Dr. Ahmad reported he is currently being treated by Dr. Masterson three times a week, for an hour for each session.
43. Dr. Ahmad reported he experiences depression, anxiety, flashbacks. For example, "if I drive near there, I get flashbacks of what they did and I don't feel good. I try to avoid NYU related facilities."
44. A siren was in the background and he said, "You see, that sound will trigger me and remind me of all of the things that happened."
45. Dr. Ahmad reported, "I feel like I am having a difficult time adjusting. I am always remembering the trauma, the how badly they did me dirty. I was a high functioning doctor and look at what they did to me."
46. Dr. Ahmad reported, "I told Dr. Masterson, I said this multiple times over the course of a year and half, I feel professionally and mentally raped by them. It's the worst feeling because not only have their actions caused immediate damage to me and my family, but it leaves a long-lasting effect emotionally as well because of what they did. It's a horrible feeling."

Background and Employment History

Dr. Ahmad reported he began employment in January 2017 as Assistant Professor, Ophthalmology.

Dr. Ahmad's report of his experiences

Dr. Ahmad's experiences are listed in the complaint. Dr. Ahmad insisted to share more information. This is not meant to be an exhaustive reporting of all of the experiences.

Dr. Ahmad reported, "I am usually a happy go-lucky guy, never had this kind of emotional lability. Very anxious now telling my story. "

"I'm the one who was known as happy go-lucky, labelled as personable, were the two things told to me by friends, colleagues You never not smile. Upbeat. I was a safe person where people can come and vent to me, particularly younger doctors. I would always be the safe place to say, here is what to do. Never would I think I would be in a situation where I wouldn't be able to do that."

"I would go into shock as all of this was unravelling from the lies. Prior to Covid, I was 'Teacher of the Year' three years in a row. I was Chief, in addition to my surgical and clinical duties. I was so beloved. I was in disbelief that they were doing what they were doing to me. We have laws to protect me from this kind of discrimination. These people say they are a health care institution."

"What they did to me, the lack of communication, the termination, threats, sending me a letter that I owed back pay when I was in the Intensive Care Unit (ICU)."

"They called me on my birthday to remind me that I owed back pay. I was in a state of shock."

"The first day, my jaw dropped. I was in a state of disbelief. Discrimination. Lunacy. Complete disregard for any law."

"This is at the time that the country saw a million people die from COVID, the country banded together. There were millions of dollars given to NYU to take care of people and this is the time they decided to terminate me."

"The word that people keep saying when they hear my story is unconscionable. It is a gross violation to everything they advertise as a health care institution. To do this to me as a doctor, a covid survivor, an exemplary employee, a health care worker, it is insane."

"There were things that people told me afterward."

"When I joined in 2017, the Chairman was Dr. Joel Schuman. I had a conversation with him about another doctor. He went out of his way to humiliate me."

"There was a time when I was Chief, at Woodhull. I had done some amazing things. Residents are lauding me, rating it as one of the best rotations. I brought in a quarter of a million dollars of equipment. I brought a \$60,000 machine for the residents paid through efforts of mine. There was a gala. NYU goes to all the chiefs; we want you to advertise in the booklet. All the other departments gave to the Woodhull gala with funds from NYU but they gave me a hard time. I went to Lazarro. He looks at me and humiliates me, don't ever mention this to us again in a demeaning manner. I know if it was anybody else, they wouldn't have done this. They put me in a tough spot."

"In 2019, I had already won awards, had already done amazing things for the residents, I was riding a wave of positive feedback as Chief and site director. I built up the department at Woodhull, got faculty, from two to eight, got a lot of new equipment. I won 'Teacher of the Year' back-to-back, well received among the residents. They all told the Chief that they wanted to come to my site. Amongst all of this positivity, one of my things was doing a start-up, biotech and entrepreneurship. A person in our department, Dr. Ahswad, Innovation. I asked her I'd love to work with you. Can I have a title, be co-founder? (she directed me to) go ask Doug and Lazarro. I was at a New York University dinner for alumni in San Francisco. I go to Doug Lazarro, despite years of doing extra work, while everyone else was getting promotions, based on work results. (I said,) I'd love this title. I won awards in Innovations. I wanted to frame this so they couldn't say no. I already spoke to Dr. Ahswad. Doug Lazarro said no, go talk to Schuman. He looked at me like I just stole his first born. You did things on your own and didn't include us. I never saw this. Chairs always want to elevate their junior faculty. Dr. Ahswad heard them talk to me. That was a few months before I was in a coma. I was coming in first person to work, last one to leave, giving up family time. To have my own chair not acknowledge me. I could tell you hundreds of stories of repetitive obstruction. They were giving titles to younger people, left and right. "

"I'm the solid friend you wished you had."

"What they did to me is horrible."

"I have nightmares. Two or three times a week or very bad dreams."

"I get three and half hours of sleep if I am lucky."

"Since the firing I feel always on edge. I don't feel comfortable for me or my family comfortably, financially. I am in a state of fear that something bad will happen to me. I don't know if we will be bankrupt because of what they did. It really hit home."

Dr. Ahmad was asked, "Has your sense of safety changed?" Dr. Ahmad responded, "I believe it did when I go the city. I am always looking if someone is trying to do harm to me. That isn't the way it was before."

"I've become a bit more obsessive compulsive. I'll go back and park the car. I'll check if I locked the car, I'll triple check that the house is locked. Its' not something I ever did before."

"I had a dream about two months ago. It was a nightmare. It was a dream that I got a vision that there were somethings entering my house. I felt like they were working for Lazarro and they were literally saying put down your phones. I felt that my kids were threatened. They were gagging us, putting things on our head. I felt like it was a home invasion. I woke up and the only way I woke up, somehow I woke up. I am not going to let this happen again. I dialed 911 in the dream and woke up."

"I am nervous when it comes to my kids going to doctors who are affiliated with NYU. I don't feel comfortable with them seeing NYU affiliated doctors just because of this."

Dr. Ahmad was asked, "Do you feel your sense of trust has changed?" Dr. Ahmad responded, "Absolutely. I used to be very optimistic about intentions of organizations. That there are a lot of good people and now, I am now pretty pessimistic about people's nature and particularly about organizations because of what NYU did."

"I just don't trust people as I used to. I second guess what people are doing."

"Even when people say hi, I second guess it."

Dr. Ahmad's stye of communicating was speaking rapidly and productively. He kept apologizing while saying it was showing how upset he is.

Dr. Ahmad commented, "I want to make sure you can understand the full year and a half of treatment (from NYU) that I've gone through."

Dr. Ahmad expressed, "I want to make sure you see the pain they have caused."

My wife filed for divorce, December 2021. She filed because of a lack of financial stability. It was a casualty. It came out of nowhere. The stress caused stress in my relationship. This was a strain on our marriage. Me losing my job. That led to our divorce.

In January 2020, I was a healthy person.
All from exposure, lack of masks due to them.
I had a lot of trauma.

A week and a half before the virus. We do not have access to N-95, I was seeing patients. I am concerned that if this virus comes to America. I am concerned. The

lack of equipment. I initiated a concern that we are lacking N-95 protective equipment. As an ophthalmologist we are sitting inches from a patient's face. I have two emails, they both said, 'tough luck, we don't have it, you have to proceed without it.' It was a week before I got sick. I explained my concern, I'm worried, they dismissed me.

This is the liability I am having. Something will trigger me.

I grew up in Brooklyn, crying is a sign of weakness. I shouldn't be crying.

I'm an emotional wreck.

My fear is that I'm not going to be able to describe the amount of damage and toll . Forget about physical or professional, psychological trauma to me, my career and my kids who were saying they wanted to be doctors. (Now they are saying), 'I don't want to be a doctor.' How damaging that is to my core. In one foul vicious attack, it hurt me, everything I've been working for, my kids' future. One wanted to be an orthopedist, one wanted to be an ophthalmologist. I can't tell you how much pain there is.

It's not like a light switch. You are a light switch you can turn on and off. There are times when something triggers me. When my son says to me, 'Dad I hope you live long enough to see me graduate, to see me be a man,' I was crying. I had to call my therapist. It was immense pain. I don't think there is enough time in the world to see all the damage they did to me and my family.

To leave me without financial, the stress they did to me.

This whole time they did so, leaving me, lying to me about my position and falsifying.

I want you to see how much pain I am in. I spent months talking to my therapist and I have to tell you within this amount of time. I want to make sure you see all of the pain.

Dr. Ahmad insisted that the following is included in the report to reflect how he is feeling:

I was fired from in a rather despicable manner without regard to the fact I was a strong employee, multiple accolades for teaching and research, held a high senior chief position and got covid and I almost died while working for NYU and was rendered disabled, likely for the rest of my life. Despite my doctor's recommendation during the accommodation request and my only request, they rejected me without a call or a discussion. They only decided to interact once I pursued legal action, after they sent me the denial letter, despite multiple efforts of me to contact the Dean and the department, where they did not engage or answer my emails or phone calls. They blatantly fabricated and lied about my academic teaching and serving as chief of service/site director. That can easily be documented by documents and colleagues.

Furthermore, they kept changing in our discussions, well maybe we'll give you a one-year contract, or six months, they kept changing the condition to intimidate me further. They even sent me after saying I owed them money, and have to pay, while on medical leave and in a coma. It became clear their actions were premeditated, and they violated a number of laws, federal, state and city. Particularly to EEOC, disability discrimination and covid laws. They had the gall to state in the denial letter on November 19 my medical leave is a burden to my colleagues and my patients. Can you imagine their gall at the insensitivity for them to put this in writing? NYU should be embarrassed by their egregious behavior and the violations of laws to a covid survivor, disabled patient, front-line healthcare worker. No person should have to go through this type of discriminatory behaviors, especially after a near death experience, let alone from a hospital who should understand the sensitivity of that.

Their overall, NYU's actions from denying a simple accommodation, fabricating lies, mischaracterization of my duties, and intimidation tactics, not only shook me to my core, because of how outrageous and criminal these actions are, but it also felt their actions threatened my family, and my overall mental health, financial stability and overall well-being.

This termination has taken a significant toll on my career, my mental outlook and the way I view my future.

PSYCHOLOGICAL TESTING OF PLAINTIFF:

Tests Administered:

Dr. Ahmad was administered the following psychological tests:

- Depression. Anxiety, Stress scale (DASS)
- Beck Depression Inventory (BDI)
- Beck Anxiety Inventory (BAI)
- Rotter Incomplete Sentence Blank (RISB)
- Posttraumatic Stress Disorder Symptom Scale Interview for DSM V (PSS-I)

Due to Covid and video conferencing, the questionnaires were emailed to Dr. Ahmad individually during the evaluation as each instrument was being administered. Dr. Ahmad dictated his responses to the evaluator as he answered each question. The evaluator noted his responses and he scanned the questionnaires to the evaluator.

Administration of the assessments followed American Psychological Association guidelines for tele-assessments and is considered to be comparable to in-person administration. (A. Jordan Wright, PhD, Joni L. Mihura, PhD, Hadas Pade, PsyD, and David M. McCord, Guidance on psychological tele-assessment during the COVID-19 crisis, American Psychological Association, 2020, <https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19>).

Dr. Ahmad commented that, "my neurological symptoms were healed from covid."

The Depression, Anxiety, Stress Scale (DASS)

The Depression, Anxiety, Stress Scale (DASS) is a set of three self report scales designed to measure the negative emotional states of depression, anxiety and stress. The Depression scale is designed to assess dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia. The Anxiety scale measures autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress scale is sensitive to levels of chronic non-specific arousal including difficulty relaxing, nervous arousal and being easily upset/agitated, irritable/over-reactive and impatient.

The scales of the DASS have been shown to have high internal consistency. The scale accurately measures current state or changes of state over time on the three dimensions of depression, anxiety and stress.

On the DASS Depression scale, Dr. Ahmad scored 38, placing in the extremely severe range.

On the DASS Anxiety scale, Dr. Ahmad scored 28, placing in the extremely severe range.

On the DASS Stress scale, Dr. Ahmad scored 26, placing in the severe range.

Dr. Ahmad commented:

“What I am noticing, the parts that I know are the worst. The future outlook. I can’t. The future to me is bleak until I get justice. I feel like I’ve been wronged on such a deep level. Me and my family. I just can’t. I physically and mentally don’t see a hopeful future until they do what is right. The future ones, feeling positive. There are very few times I’d say no the future. She (my therapist) told me to tell you, she said my diagnosis is PTSD with clinical depression. I feel hopeless and futureless because of what they did to me and the situation in which they left me. Mentally bleeding or emotionally bleeding. I feel stabbed in the worst way, emotionally bleeding. I don’t know how to say this in the worst way.”

BECK DEPRESSION INVENTORY II (BDI)

The Beck Depression Inventory II is a 21-question multiple-choice self-report inventory, one of the most widely used instruments for measuring the severity of depression. Each question has a set of at least four possible answer choices, ranging in intensity. When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the depression’s severity. The range for severe depression is 30 – 63 and for moderate depression is 20 -28.

Mr. Dr. Ahmad scored 40 placing in the severe range.

BECK ANXIETY INVENTORY (BAI)

The Beck Anxiety Inventory is a 21- question multiple-choice self-report inventory, one of the most widely used instruments for measuring the severity of anxiety. Each

question has a set of four possible answer choices, ranging in intensity. When the test is scored, a value of 0 to 3 is assigned for each answer and then the total score is compared to a key to determine the severity of anxiety. The range for severe anxiety is 30 -63.

Dr. Ahmad scored 36 placing in the severe range.

Dr. Ahmad commented:

Re: Numbness or tingling: "There are times I notice when I am nervous that I get tingling, voice cracks, jittery feeling, it is more than your baseline. "

Wobbliness: "legs will give out because of stress."

Crying: "It's like trying to get out all of these things. These people did me dirty, and I am trying to get justice. There are days when I am numb. There are days when I think what they did to me. There is someone who did so much. Not even give me severance during the worst pandemic. I've been waiting for two years. My life has been at a standstill. How could they do this to me, an exemplary employee with kids? I was never like this. I grew up in Brooklyn. If any of my friends saw me, they would say grow some balls. Don't let them affect me. I was in a coma."

Rotter Incomplete Sentence Blank (RISB)

The sentence completion method of studying personality is a semi-structured projective technique in which the subject is asked to finish a sentence for which the first word or words are supplied. As in other projective tests, the sentences are taken as a whole and are interpreted individually to reflect an individual's wishes, desires, fears and attitudes in the sentences. Historically, the incomplete sentence method is related most closely to the word association test. In the sentence completion tests, tendencies to block, and to twist the meaning of the stimulus words appear and the responses may be categorized in a somewhat similar fashion to the word association test.

The following are some examples of representative RISB responses:

- 8. I hate: dismissive when people abuse other
- 10. I: am sad
- 15. If I were king: there would be justice all around
- 18. I wish: I can have a do over in last ten years
- 21. I suffer: daily
- 27. The future: is unclear
- 29. I secretly: I hope that I get justice and move forward from this trauma

- 31. I sometimes wonder: if I will ever get better mentally
- 33. I need: resolution of this injustice
- 36. My greatest fear: is not live long enough to not see success for me and my kids
- 38. I use to daydream: about the future
- 40. I can't: stand or tolerate abuse or injustice
- 41. Life: sucks
- 42. My personality would be much better if: I was happy
- 43. I was depressed when: think of my time at NYU and what a difference now
- 47. At bedtime: I worry a lot- anxiety, money, mind, things that are going wrong, anxious about life
- 48. I dream mostly about: getting better

The themes of his responses reflect feelings of how the trauma has severely, negatively impacted his life.

Posttraumatic Stress Disorder Symptom Scale Interview for DSM-5

The PSS-I has been updated to correspond to the DSM-5 (PSS-I-5) as a brief Interview that assesses presence and severity of symptoms over the past month. The PSS-I-5 consists of 20 symptom-related questions and 24 additional questions to assess distress and interference in daily life as well as symptom onset and duration.

Dr. Ahmad stated his index trauma: How NYU terminated me in an unfair way. There was a lack of engagement and they fabricated lies in a despicable manner.

For RE-EXPERIENCING, one symptom is needed to meet the criteria.

Dr. Ahmad endorsed 5 of 5 RE-EXPERIENCING symptoms.

Dr. Ahmad endorsed three of them as "very much," cues 1, 3, and 4.

Dr. Ahmad commented on cue 3:

Have you had the experience of suddenly reliving the trauma, flashbacks of it, acting or feeling as if it were reoccurring?

A former resident calling me, my son asking me how long I'll live, passing a NYU building, a lot of triggers

For AVOIDANCE, three symptoms are needed to meet the criteria.

Dr. Ahmad endorsed seven of seven symptoms.

Dr. Ahmad endorsed four symptoms as “very much,” cues 7, 9, 11, and 12.

Dr. Ahmad commented on some of the cues.

9. Have you markedly lost interest in free time activities since the trauma?

Two brothers are doctors. Feel like libido and divorce are a casualty. Really worsened. My interest in romanticism is gone. I’m freaking out. There are days, I built a beard. I’m in a numb state.

11. Have you felt that your ability to experience the whole range of emotions is impaired (unable to have loving feelings)?

This is spot on. This is describing what I’ve been through. I’m labile, from peak to every type of emotion.

12. Have you felt that your future plans or hopes have changed because of the assault (e.g., no career, marriage, children or long life)?

By definition, I feel helpless and hopeless. Now with the divorce, I feel like my future is in question. I hope I don’t get to that level of suicide. I question if people would be better off without me being in the world.

For INCREASED AROUSAL two symptoms are needed to meet criteria.

Dr. Ahamad endorsed five of five symptoms.

Dr. Ahmad endorsed three of the five symptoms as “very much.” Cues 13, 16.

Dr. Ahmad commented on some of the cues.

13. Have you had persistent difficulty falling or staying asleep?

Sleep is a big deal, not healthy.

16. Are you overly alert (e.g., check to see who is around you etc.) since the trauma?

Feel really cautious looking around.

17. Have you been jumpier, more easily startled since the trauma?

I feel like sounds get me scared, like a tire popping, I never had that.

Dr. Ahmad endorsed re-experiencing, avoidance and increased arousal. For this instrument, he can be considered for a diagnosis of Other specified trauma and stressor related disorder.

DIAGNOSIS OF PLAINTIFF:

Other specified trauma and stressor-related disorder features

American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders, (5th ed.). Washington, DC: Author. From The National Center for PTSD.

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. Direct exposure
2. Witnessing, in person
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies or pictures.

B. Intrusion (1/5 symptoms needed)

1. Recurrent, involuntary and intrusive recollections
2. Traumatic nightmares
3. Dissociative reactions (e.g. flashbacks) that may occur on a continuum from brief episodes to complete loss of consciousness
4. Intense or prolonged distress after exposure to traumatic reminders
5. Marked physiological reactivity after exposure to trauma-related stimuli

C. Persistent avoidance of stimuli associated with the trauma

1. Trauma-related thoughts or feelings
2. Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations)

D. Negative alterations in cognitions and mood that are associated with the traumatic event

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs)
2. Persistent (& often distorted) negative beliefs and expectations about oneself or the world (e.g. "I am bad," "the world is completely dangerous")
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences
4. Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame)
5. Markedly diminished interest in (pre-traumatic) significant activities
6. Feeling alienated from others (e.g. detachment or estrangement)
7. Constricted affect: persistent inability to experience positive emotions

E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event (2/6 symptoms needed)

1. Irritable or aggressive behavior
2. Self-destructive or reckless behaviors
3. Hypervigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

F. Persistence of symptoms (in Criteria B, C, D and E) for more than one month

G. Significant symptom-related distress or functional impairment

H. Not due to medication, substance or illness

Dr. Ahmad experienced (direct experience) a trauma, being terminated.

Dr. Ahmad experienced (negative alterations in cognitions and mood) persistent negative beliefs, and persistent negative emotions.

Dr. Ahmad experienced (trauma related levels of arousal and reactivity) persistent difficulty concentrating.

Dr. Ahmad scored "extremely severe anxiety" on the anxiety subscale on the Depression, Anxiety and Stress Scale.

Dr. Ahmad experiences a persistence of symptoms for more than one month.

There is a significance of symptom related distress and functional impairment.

The symptoms are not due to medication, substance or illness. (a physical illness that causes psychological symptoms such as a brain tumor, not an illness that can contribute to psychological consequences).

Dr. Ahmad endorsed symptoms of Other specified trauma and stressor related disorder.

Dr. Ahmad scored in the extremely severe range on the depression subscale, in the severe range on the anxiety subscale and in the severe range of the stress scale of the Depression, Anxiety and Stress Scale.

Dr. Ahmad scored in the severe range on the Beck Anxiety Inventory and the severe range on the Beck Depression Inventory. He is assessed to be experiencing anxiety and depression symptoms.

Discussion

1. The purpose of the interview was to assess whether Dr. Ahmad suffered emotional consequences from the defendants' unlawful behaviors.
2. Dr. Ahmad reported he feels he his ability to experience the whole range of emotions is impaired (unable to have loving feelings).
"This is spot on. This is describing what I've been through. I'm labile, from peak to every type of emotion."
3. Dr. Ahmad reported, "I feel hopeless and futureless because of what they did to me and the situation in which they left me. Mentally bleeding or emotionally bleeding. I feel stabbed in the worst way, emotionally bleeding. I don't know how to say this in the worst way."
4. Dr. Ahmad reported his marriage was a casualty of his experiences with NYU, his wife filed for divorce because of his financial instability.
5. Dr. Ahmad reported he used to be very optimistic and now he is very pessimistic.
6. Dr. Ahmad reported he no longer trusts people. "Now I just don't trust people as I used to. I second guess what people are doing."
7. Dr. Ahmad reported he no longer trusts organizations.
8. Dr. Ahmad's sense of safety has been negatively impacted.
9. Dr. Ahmad's enjoyment of life has been diminished.
10. Dr. Ahmad's career has been severely, negatively impacted.
11. Dr. Ahmad reported he used to daydream about the future.
12. Dr. Ahmad reported he now feels that the future is unclear.
13. Dr. Ahmad's mental health has been severely, negatively impacted.
14. Dr. Ahmad experiences anxiety, depression, and other specified trauma and stressor related disorder.
15. Dr. Ahmad experiences re-experiencing, increased arousal, and avoidance symptoms.
16. Dr. Ahmad reported he is much more emotionally labile than he used to. "I am an emotional wreck."
17. Dr. Ahmad reported he cries often and this behavior is very out of character with who he was growing up and the culture he grew up in.

18. Dr. Ahmad's psychological treatment increased from twice a week to three times a week in response to the severity of his depression and trauma.
19. Dr. Ahmad reported he is currently being treated by Dr. Masterson three times a week, for an hour for each session.
20. Dr. Ahmad reported he no longer socializes with people as he used to.
21. Dr. Ahmad feels cut off from people.
22. Dr. Ahmad reported his sleep has been negatively impacted.
23. Dr. Ahmad reported he now has frequent nightmares.
24. Dr. Ahmad reported several events that made him feel devastated and disrespected. Illustrative events are listed below, rather than all of the events.
25. Dr. Ahmad reported he feels disrespected, devastated being told he was a burden to his colleagues when he was taking medical leave when he was very ill.
26. Dr. Ahmad was devastated when he was told he owed money while he was in a coma.
27. Dr. Ahmad felt disrespected when he didn't have full communication and returned calls.
28. Dr. Ahmad felt humiliated going from being a chief of service with numerous accolades and honors to experience being treated as poorly as he was.
29. Dr. Ahmad reported he experiences depression, anxiety, flashbacks. For example, "if I drive near there, I get flashbacks of what they did and I don't feel good. I try to avoid NYU related facilities."

Summary

30. It is my professional opinion as a Clinical Psychologist, with a reasonable degree of psychological certainty, that there is a direct connection between Dr. Ahmad's experiences with NYU related to his employment and his serious negative emotional experiences, his experiences of a stress reaction including re-experiencing, avoidance and increased arousal. He has ongoing experiences of depression, anxiety and fears with a diminished enjoyment of his life.
31. Dr. Ahmad's experiences with the Defendants have taken a severe toll on him.
32. Alternative sources of negative emotional triggers have been considered, such as his financial status, and his divorce but these two events he described as consequences of the negative experiences with NYU and are less robust.

PROFESSIONAL FEE

My professional fee in this matter was \$2,000.00

In the last 25 years, I have acted as a professional Clinical Psychologist, providing treatment for numerous patients of diverse diagnoses, teaching trainees at different levels of their professional medical/psychological training as a Faculty member of Weill Cornell College of Medicine and at Geisel School of Medicine at Dartmouth. I have presented at numerous lectures on various clinical topics in psychology. Some representative lectures include:

Invited presenter, Crimes Against Women National Conference, 2022.

"Dealing with difficult people," Presentations 2020, 2021

"Coping with Covid," 2020

Expert, "Dating After Divorce," 92nd Street Y, September 2019

Stress and Brain Fitness, Maison Beljanski Cancer Institute, April 2019

Coping with Stress, Dr. Radio, NYU Medical Center, National Broadcast, 2019

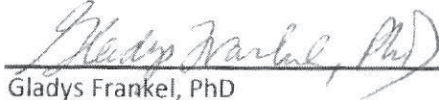
Expert on, "Negative Impact of Electronics," Attention Matters, National Broadcast, 2019

"Eating Disorders, ABC's of Eating Disorders," Conference Dartmouth-Hitchcock Medical Center, 2017

"Mindfulness and Stress Reduction," International Behavioral Health Conference, Budapest, 2016

SIGNATURE AND NOTARIZATION

Signed under penalty of perjury



Gladys Frankel, PhD

New York State Licensed Psychologist

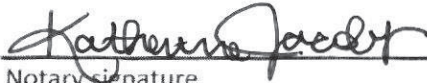
NOTARY

State of New York County of Kings County On 8 / 8 / 2022

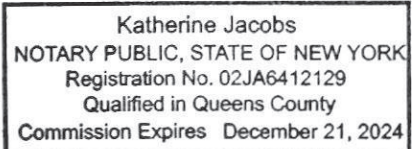
Before me, Katherine Jacobs, Personally appeared Gladys Frankel, PhD

And proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within this instrument and has hereby acknowledged to me that she has executed the same in her authorized capacity, and that by her signature on the instrument she has executed the instrument.

Witness my hand and official seal



Notary signature



Gladys Frankel, PhD
Licensed Clinical Psychologist
New York City, New York

Columbia University, New York City, NY

1981 Doctor of Psychology Degree in Clinical Psychology
National Institute of Mental Health Fellowship

Pitzer College, Claremont, California

1972 Bachelor of Arts Degree
Graduated Magna Cum Laude, Honored in Psychology

Trained in Collaborative Divorce, Collaborative Divorce Alliance of New Hampshire

Licensure and Certification

- National Register of Health Service Psychologists
- Qualified as an Expert in New Hampshire, Vermont and Hague Courts
- Licensed Clinical Psychologist: New York
- Licensed Clinical Psychologist: New Hampshire
- Licensed Clinical Psychologist: Massachusetts
- Licensed Clinical Psychologist: Michigan

PROFESSIONAL PUBLICATIONS AND PRESENTATIONS

2022 Invited Presenter, Crimes Against Women National Conference
2021 "Dealing with Difficult Personalities," National Association of Divorce Professionals, New York City Midtown Chapter
2021 Invited Presentation, University of Pennsylvania Club, Women in Business, Coping with COVID
2021 Eating Disorders, Presentation to Psychiatry Fellows, Geisel School of Medicine
2020 Invited Presentation, "Dealing with Difficult Personalities," National Association of Divorce Professionals, National Convention
2020 Eating Disorders, Presentation to PGY 3, 4 Geisel School of Medicine
2019 Expert, "Dating After Divorce," 92nd Street Y Panel Presentation, New York City
2019 Stress and Brain Fitness, Maison Beljanski Cancer Institute, New York City
2019 Coping with Stress, Dr. Radio, NYU Medical Center, National Broadcast
2019 Eating Disorders, Presentation to PGY 3, 4 Geisel School of Medicine
2019 Negative Impact of Electronics, Attention Matters, National Broadcast
2018 Stress management, Developing Resiliency, University of Penn Club, New York City
2017 Eating Disorders, Presentations to PGY 3, 4 Geisel School of Medicine
2017 Eating Disorder Team Treatment, Presentation to ABC's of ED Conference, Dartmouth-Hitchcock Medical Center
2017 Inpatient Treatment of Eating Disorders, Presentation to ABC's of ED Conference, Dartmouth-Hitchcock Medical Center
2017 Expert on Expert Panel, Presentation to ABC's of ED Conference, Dartmouth-

Hitchcock Medical Center

- 2017 An International Reunification Case. Paper accepted for presentation at the 6th Annual International Conference of Cognitive and Behavioral Psychology, Singapore.
- 2016 Editorial Board, Journal of Psychiatry and Mental Health
- 2016 Mindfulness as a Treatment for Stress. Presentation to Pioneer Century Science Mental Health Forum, Budapest, Hungary
- 2016 Eating Disorders, Presentation to PGY 2, 3 Geisel School of Medicine
- 2015 Eating Disorders, Presentation to PGY 2, 3 Geisel School of Medicine
- 2015 Psychodynamic Therapy PGY 3, Geisel School of Medicine
- 2014 Eating Disorders. Scientific Basis of Medicine. Geisel School of Medicine
- 2014 -Psychodynamic Psychotherapy. Presentation to PGY 2, 3 Geisel School of Medicine
- 2015
- 2014 - Eating Disorders. Presentation to PGY 2, 3 Geisel School of Medicine
- 2015
- 2013 "Friendship throughout the Life Span." Presentation to Upper Valley Women's Network, Hanover, NH
- 2012 "Holiday Blues-Coping Strategies." Presentation to ILEAD, Hanover, NH
- 2012 Case Conference Discussant, Pediatrics. Dartmouth-Hitchcock Medical Center, Lebanon, NH
- 2012 "Motherhood and Transitions." Presentation to Women's Resource Center, Dartmouth-Hitchcock Medical Center. Lebanon, NH
- 2012 Eating Disorders. Presentation to Pediatric Faculty, Staff, Residents. Dartmouth-Hitchcock Medical Center. Lebanon, NH
- 2011 "An instrument to Differentiate Purging Sub-types." Poster presentation. Eating Disorder Research Society Conference with K. Halmi, Edinburgh, Scotland
- 2011 Expert on Self Esteem/Body Image for, "Love, Hate, Weight," a documentary. Tribeca Film Institute, premiered at Tribeca Film Festival.
- 2011 "An Instrument to Differentiate Purging Sub-types." Halmi, K, Frankel, G, Hurt, S. Poster Presentation to Eating Disorder Research Society, Edinburgh, Scotland.
- 2011 "An Instrument to Differentiate Purging Sub-types." Frankel, G, Halmi, K, Hurt, S. In progress for journal submission.
- 2011 Weight loss, abnormal mental status and urine consumption: A complicated differential diagnosis on an eating disorders specialty unit. Parikh, P, Frankel, G, Gottlieb, A, Lipton, M, Ferrando. S, Attia, E in progress
- 2010 Identification and Interventions for Eating Disorders. Rye School District Professional Development Workshop.
- 2010 Strategies for Developing Self Esteem. White Plains PTA.
- 2009 Diagnosis and Treatment of Eating Disorders. Grand Rounds Presentation. Department of Psychiatry. Lincoln Hospital.
- 2008 Treatment of Eating Disorders. Presentation to the Orange Ulster County BOCES.
- 2008 Self Esteem Issues. Presentation to NY State Special Education Principals' Conference.
- 2007 Eating Disorders. Presentations to Bronxville Faculty, Parents, Middle and High Schools.

- 2007 Treating Eating Disorders. Presentation to Orange County Mental Health Association.
- 2007 Eating Disorders Awareness. Presentations to Pelham Middle School.
- 2007 Identification and Treatment of Eating Disorders. Presentation to NY State Special Education Principals' Conference.
- 2007 Identification and Treatment of Eating Disorders. Presentation to Faculty, Briarcliff Middle and High Schools.
- 2005 Treatment of Eating Disorders. Presentation to the Westchester Psychology Association.
- 2004 Anger Management CME presenter. New York State Psychology Association.
- 2003 An Adolescent with Gastrointestinal Stromal Tumors, with K.A. Halmi. American Journal of Psychiatry. 160:6, June 2003.
- 2003 Case Presentation: An Adolescent with Anorexia Nervosa and Gastrointestinal Stromal Tumors. Child and Adolescent Psychiatry Grand Rounds, New York Presbyterian Hospital.
- 2002 Anger Treatment. CME Presenter. American Psychological Association Convention, San Francisco, CA.
- 2001 "Treatment of Combat Nightmares." American Psychological Association Convention. Boston, Mass.
- 1991 "The Impact of Education Groups on Staff Attitudes Towards HIV+ Patients." V.A. AIDS Education Research Grant. Presented to a national V.A. Research Conference.
- 1988 "Gender Effects on Therapy" with Gloria Kahn and Elaine Friedman. Presented at the Westchester Psychological Association Research Conference.
- 1984- "Mother-Daughter Relationships." "Great Expectations - The 1986 First Nine Months." "Coping with Stress." Presentations at various community groups.
- 1981 "The Effects of Positive and Negative Social Information on Cognitive Processes." (Doctoral Dissertation, Columbia University, 1981.) Dissertation Abstracts International, 1981 Vol. 43, Sec. B, p. 1658.
- 1975 "Effects of Prosocial Behavior, Social Conception and Mood," with H. Hornstein, L. LaKind, S. Manne. Journal of Personality and Social Psychology, 1975, vol. 32, no. 6, 1038-1046
- 1974 Co-author, Mediation Training Manual. Editorial Assistant, "Conflict," a quarterly newsletter, Institute for Mediation and Conflict Resolution, New York City, New York.
- 1973 "Self Disclosure and Personal Space." Western Psychological Association Convention Presentation, Anaheim, California.
- 1973 "The Effects of Information About Public Opinion On Giving Help to Strangers," with H. Hornstein, L. LaKind, S. Manne. Unpublished manuscript, Teachers College, Columbia University, New York City, New York.
- 1972 Presenter: Western Psychological Association Convention for Undergraduate Research, Santa Rosa, California.
- 1972- Abstracter. Psychological Abstracts. American Psychological Association, 1977 Washington, D.C.
- 1971 "The Relationship of Peer Concepts and Creativity in Preadolescent Females." Western Psychological Association Convention Presentation, Los Angeles, California

COMMUNITY ENGAGEMENTS

Consultant Familykind, New York City

Consultant Weill Cornell Center for Human Rights

Physicians for Human Rights, Member

Program Committee Member, The ABC's of Eating Disorders Conference, Dartmouth-Hitchcock Memorial Hospital, Geisel School of Medicine

Invited Member, Initiative to Prevent Family Violence, Mental Health Expert, Grafton County Family Court, Lebanon, NH

Member, Steering Committee, Eating Disorder Collaborative, New Hampshire, Vermont and Maine.

Radio talk shows: Mental Health Expert on programs airing on mental health topics

Teaching Experiences at Geisel School of Medicine at Dartmouth and Dartmouth-Hitchcock Medical Center:

Faculty, The Psychology of Illness, Mandatory First Yea Class, Geisel School of Medicine

Lecture, Scientific Basis of Mind course, Geisel School of Medicine

"Eating Disorders" Presentation to Pediatric Staff, Residents

Supervisor, Psychiatry Resident Psychodynamic Therapy

Supervisor, Psychiatry Fellow, Psychodynamic Therapy

Supervisor, Gero-Psychiatry Fellow, Psychodynamic Therapy

Pediatric Case Conference----Case Presentation Discussant for a complex case

PGY 2 Class, 2013, 2014, 2015, 2016 teaching about Eating Disorders

PGY 4 Class, 2013, 2014, 2015, 2016, 2017 teaching about Eating Disorders

Engagement in Geisel School of Medicine Curriculum Revision Committee

Curbside consultations with Faculty, Residents in Internal Medicine, Gastroenterology, Pediatrics

Member, Committee on Student Performance and Conduct

Teaching Experiences at Weill Cornell College of Medicine

Supervisor, Psychology Fellows

Faculty, Fourth Year Medical School Students, Mandatory Psychiatric Diagnostic Interviewing Course

Consultations with Faculty and Residents in Psychiatry

Member, Fellowship Admissions Committee, APA Approved Psychology Training Program

Work Experience

- 2017-present Private Practice, New York City, NY
 Individuals, Couples. CBT, DBT, Psychodynamic, Mindfulness, Conflict Resolution, Stress Management/Resiliency.
 Faculty appointment Geisel School of Medicine at Dartmouth 2017
 Consultant Weill Cornell Center for Human Rights
 Resource to journalists on mental health related content
- 2022 Consultant to a Government Agency's defense legal team
- 2022 Expert, National panel to evaluate disability claims
- 2019 Expert, Retained by Worthy Diamond Auction House, "Dating After Divorce," a National research study
- 2018 –2019 Consultant to Familykind, Parent Coordinator
- 2011-07/2017 Psychologist, Hanover Psychiatry, Hanover, NH.
 Assistant Professor, Department of Psychiatry, Geisel School of Medicine at Dartmouth, Hanover, NH.
 Director, Eating Disorder Services.
 Individual, couple, family and group therapy for diverse psychiatric disorders. Consultations for complex cases to Psychiatry, Cardiology, Gastroenterology, Internal Medicine.
 Administered pre-bariatric surgery evaluations.
 Expertise in Cognitive Behavior Therapy, Dialectical Behavior Therapy, Psychodynamic Psychotherapy and Mindfulness.
- Supervised Residents and Fellows. Taught medical school students, Residents, Fellows and Staff.
 Faculty, Psychology of Illness Course, Geisel School of Medicine.
 Community Lecturer, New Hampshire and Vermont State School Nurses' Association Conference, ILEAD and other organizations.
 Trainer, Stress Management and Resiliency Training, "SMART" program/ Dr. Herbert Benson, Benson Henry Institute, Harvard Medical School
 Geisel School of Medicine- Member, Committee on Student Performance and Conduct
- 2013- 2017 Psychologist, United States Department of Veterans Affairs
 Expert for Compensation and Pension evaluations. Provides psychiatric evaluations including Post-traumatic stress disorder, military sexual assaults and general psychiatry
- 2012 –present Legal Expert Opinion
 Provides Expert Opinions for various legal cases in Hague, State and County Courts. Illustrative cases: PTSD, international abduction,

parenting issues, wrongful death, harassment, discrimination cases and sexual assaults. Retained by County Court to provide opinion on mental health and parenting issue. Retained by Defender's Office Grafton County, NH to provide an assessment.

- 2000-2011 Attending Psychologist, New York Presbyterian Hospital.
Assistant Professor of Psychology, Weill Medical College of Cornell University
Clinical and teaching responsibilities. Individual and group treatments with Cognitive Behavior Therapy and Dialectical Behavior Therapy.
Family therapy for eating disorder in-patients.
Taught medical clerkship students mandatory Psychiatric Diagnostic Interviewing class.
Taught and supervised medical students, psychiatry residents, psychology fellows and visiting professionals.
Consultant to other units for eating disorder cases.
Out-patient Private Practice, Faculty Practice.
Public Relations Speaker representing New York Presbyterian Hospital.
Speaking engagements to local schools, organizations and conferences for professional and non-professional audiences.
Psychology Education Committee member. Reviewed applicants for Psychology Fellowship.
Well versed in psychopharmacology and medical issues in eating disorders and diverse psychiatric disorders.
Research on Bulimia. Developed structured instrument to differentiate bulimia typologies.
- 1988-1999 Staff Psychologist. Franklin Delano Roosevelt Veterans Administration Hospital, Montrose, NY
Assistant Director, PTSD Unit. Lead role in directing the unit's organization and services provided to consumers.
Identified problems and created goals for the organization and consumers.
Developed solutions in individual and group settings.
Provided training in: conflict resolution, listening skills, and stress management.
Developed public relations materials and participated in marketing activities.
Developed research on customer satisfaction, program planning, HIV and Clinical trials.
Supervision of various staff and psychology interns in an APA approved program.
- Treatment Coordinator.
Provided in-patient and outpatient treatment for PTSD/ dually diagnosed patients.
Expertise in treating addictions, combat stress and male sexual trauma.
- Program Director (1989 - 1993)
Responsible for developing and supervising a treatment program for a

rehabilitation unit with 40 patients of diverse diagnostic classifications (e.g., chronic schizophrenia, manic depressives, dually diagnosed and substance abusers).

Provided assessment and treatment of patients in individual and group therapies.

Treatment Coordinator (1988-1989) on an Admissions Unit.

Responsible for diagnosis, assessment, treatment and discharge planning for patients.

Hospital Administration Strategic Planning Committee Member.

Hospital Representative to Regional Consumer Relations Committee.

Discussed consumer relations at hospitals in the Metro-NY region.

Staff trainer. Provided training to diverse hospital staff on: Prevention and management of disturbed behavior patients; Staff relations-improving management supervision skills and cultural diversity training.

Member, Information Management Committee. Discussed implementation of information management throughout multiple hospital and satellite clinic network.

Internship Training Committee Member Supervisor. Responsible for interviewing, selection and supervision of interns, externs and fifth pathway students in American Psychological Association Approved Internship.

1984-2011 Private Practice

1983-2011 Seminar Director

Developed talks for Community groups: Eating Disorders, Coping with Stress, and Mother-Daughter Relationships.

1981-1983 Consultant, Julia Burgos Center for Abused Spouses, San Juan, Puerto Rico
Counseled abused women and their children who temporarily resided at the residence; and assisted the Board of Directors in the operation of the Center

1978-1983 Corporate Executive, New York City and San Juan, Puerto Rico
Worked in Executive positions at BBDO, Grey and Young and Rubicam directing and developing advertising/marketing efforts for nationally known products.
Marketing Services Director at BBDO. Supervised Agency's Market Research

1977-1978 Fellow in Clinical Psychology, The New York Hospital, Westchester Division. APA approved training program.
Psychologist for the Children's Day Hospital. Interfaced with children, teachers and parents; administered assessments of individual children to provide recommendations for treatment programs.
Adult and Child In-Patient/Out-Patient responsibilities: Psychological testing; individual, family and group therapies. In-Patient work involved psychopharmacological treatment under Chief Psychiatrist's supervision.
Consultant to the White Plains Day Care Center. Interfaced with

professional and paraprofessional personnel to provide guidance on the children's development and behavior as well as staff management issues. Consultant to the Children's Hospital Research Program. Provided direction for the study's design and analysis.

Seminars:

Psychological Assessment - Roy Shafer, Ph.D.
Child Development - Theodore Shapiro, M.D.

- 1976-1977 Therapist, Hallen School for Special Learning, White Plains, NY
Group and individual therapist for students. Consultant to teachers
- 1976-1977 Teaching Assistant, Columbia University, New York City, NY
Taught a section of a diagnostic testing course for clinical psychology graduate students. APA approved training program.
- 1975-1976 Intern Psychologist, New York University Medical Center, New York City, NY. APA approved training program
Rotations included Adult and Child In-Patient/Out-Patient units with treatment (individual, family and group) and assessment responsibilities. Seminars/supervision with Murray Alpert, Ph.D., Stella Chess, M.D., Florence Halpern Ph.D., Walter Kass, Ph.D. and Theodore Shapiro, M.D.
- 1973-1975 Externship, Maimonides Hospital, Brooklyn, NY
Rotations in Adult In-Patient and Children's Out-Patient units, using individual and group therapies; and administering diagnostic assessment
- 1972-1975 Research Associate, Columbia University, New York City, NY
Conducted various research projects supported by N.I.M.H., National Science Foundation and the National Institute of Education. Published in scientific journals
- 1973-1974 Director, Program Evaluation, Institute for Mediation and Conflict Resolution, New York City, NY
Designed research to evaluate the Institute's mediation training course and recommended changes that improved the program. Assistant Editor for the Institute's newsletter. Assistant Editor for the First Proceedings of the National Mediators' Conference
- 1971-1972 Research Associate, Pitzer College, Claremont, California
Coordinated research studies for a psychology professor. Developed background literature review, conducted field work, analyzed results and wrote reports in the area of child development.

Professional Associations

National Register of Health Service Psychologists

American Academy of Experts in Traumatic Stress

Courtroom Testimony

- March 2014
Vermont Court Family Division
Re: in the termination of Parental Rights over Tafari Graham
Case 652-2013-TR-00006
- 2014 Vermont Court Family Division
Re: parental rights case Ashley Carroll v. Sean Carroll

Depositions

- 2021 Pregnancy discrimination, hostile work environment, wrongful termination case
- 2020 Rape and hostile work environment case
- 2019 Age discrimination, hostile work environment, wrongful termination case

Court Related Reports

- 2022 Harassment, Discrimination, Retaliation, Wrongful Termination cases
- 2021 Sexual/Harassment, Sexual assault, Discrimination, Retaliation, Wrongful Termination cases
- 2020 Sexual/ Harassment, Discrimination, Retaliation, Wrongful Termination cases
- 2019 Sexual Harassment/Harassment, Discrimination, Retaliation, Wrongful Termination cases
- 2019 Personal Injury Case- settled.
Plaintiff sued defendant for injuries.
- 2019 Custody case. Giving up parental rights so a child can receive court issued treatment.
- 2017 Competency. Competency to change a will.
- 2016 Evaluation of emotional consequences of a motor vehicle accident.
- 2016 Evaluation of emotional consequences of a motor vehicle accident.
- 2015 Wrongful death case.
- 2015 PTSD case. Plaintiff V. a Logging company.

- 2015 T Pond V. City of Montpelier State File #BB-61972
- 2015 Grafton County NH Defenders' Office. Evaluation to assess Defendant's ability to understand his behaviors; should he be tried as an adult or adolescent.
- 2015 Evaluation of Defendant's ability to understand his behaviors.
- 2014 Evaluation of an adolescent's desire not to have visitation with his father.
- 2014 Evaluation of siblings' desires not to have visitations with their father.
- 2014 Bullying case. Defendant was harassed by employer.
- 2014 Braley v Golden View Health Care Center. Employee harassment.
- 2012 Hague Court. Yaman v Yaman. Assessment of whether children were settled in the United States